LIMITED TERM EMPLOYMENT APPLICATION		Wisconsin Department of Transportation
DT1235 1/2004	If you are in this country temporaril	y, indicate visa status.
Complete both front and back sides.	-	
Name - First, Middle, Last	County	
Present Mailing Address - Street or Rural Route	Permanent Address and Telephone	Number if different from mailing address
City, State, ZIP Code	_	
Area Code - Telephone Number, Residence	Area Code - Telephone Number, Bu	siness
What type of employment are you seeking? (Check only those	types that you will accept).	
Temporary - Full Time Temporary - Less th	an 40 hours per week	Project
Type of Work or Job Classification Requested		
Dates of Availability		
Work Experience - List your last 3 jobs beginning with the most	recent. Attach a resume if a	available.
Present or Most Recent Employer - Name and Location (City and State)	Full time	eHours/Week
		neHours/Week
	Fait-till	ieTiouis/vveek
Your Title and Duties	Employed	From To MO DAY YR MO DAY YR
		/ / / /
		1 1 1 1
Name and Telephone of Supervisor	Salary (Prese	ent or Ending)
	\$	per hour
Present or Most Recent Employer - Name and Location (City and State)		e Hours/Week
		neHours/Week
	rait-uii	TIOUIS/VVCCK
Your Title and Duties	Employed	From To MO DAY YR MO DAY YR
		1 1 1 1
Name and Telephone of Supervisor		ent or Ending)
	•	a a a bassa
	\$	per hour
Present or Most Recent Employer - Name and Location (City and State)		eHours/Week
	_	ne Hours/Week
Your Title and Duties	Employed	From To MO DAY YR MO DAY YR
		1 1 1 1
Name and Telephone of Supervisor	Salary (Prese	ent or Ending)
	\$	per hour
		·
May we conduct a personal background check including contact with any emp NO, Please explain	oloyers named on this application	and review other records?
YES		

Work Skills		
Accounting:Years	Type of experience	
Word processing:Years	Words per minute	
Data entry:		
formal training Years	Keystrokes per hour Kind of equipmer	nt
On-the-job experience Years	Employer Kind of equipmen	
Personal computer:Years	Software	
Other office machines you can operate skillfully:		
Construction experience: Years	Type of experience	
Other Skills/Qualifications:	,, , , <u> </u>	
Education (Check box indicating highest leve	I reached).	
High School: 9 10 11 12	College/Technical: 13 14 15 1	6 17 18 19 2 0
College/Technical School Name	Odliego, rediffical. 10 14 10 1	
General Information		
YES NO Do you have a valid Wisconsin Dr	ivers License?	
Do you have a valid wisconsin Di	ivers license?	
Do you have a Commercial Drivers		_
If YES, which class?	A Class B Class C Class	D Other
Do you have any relatives current	y employed by WI Dept. of Transportation? Attach extra	pages if necessary.
If YES, give Name:	Relationship:	Employing Division :
·	trict offices throughout Wisconsin. The Motor Versite Island Below. Check (X) only those locations in the Selisted below. Check (X) only those locations in the Selisted below. Check (X) only those locations in the Selisted Below. The Trail Selisted Below. The Motor Version Selisted Below. The Trail Seli	which you will accept employment. Insportation District Rhinelander (M,T) Rice Lake (M) Richland Center (M) Shawano (M) Sheboygan (M) Spooner (S) Stevens Point (M) Sturgeon Bay (M) Sturtevant (Racine Team) (M) Superior (M,T) Tomah (S) Watertown (M) Waukesha (M,S,T) Waupaca (M)
Ladysmith (M) Madison, DSP Radio Shop 3629 Pierstorff St. (S) Madison, East 2001 Bartillon Dr. (M) 2101 Wright St. (T)	5500 W. Grange Ave. (M) Milwaukee Southeast (South Milwaukee), 1835 College Ave. (M) Monroe (M) Oshkosh (M) Platteville (M) Portage (M)	Wausau (M,S) West Bend (M) Whitehall (M) Wisconsin Rapids (T)

Bureau of Human Resource Services Wisconsin Department of Transportation 4802 Sheboygan Avenue, Room 410 P. O. Box 7915 Madison, WI 53707-7915 I certify that the information on this application is true and complete to the best of my knowledge, and that any false or missing job-related information may disqualify me for the position for which I am applying.

X		
	(Applicant Signature)	(Date)